

SPECIMEN

initiation or continuation of ADR and Arbitration proceedings under these rules may be served upon such party as follows:

1. By regular U.S. mail or overnight courier addressed to such party or their attorneys at their last known address;
2. By facsimile or electronic mail transmission, if a copy of the transmitted papers is mailed addressed to the party or their attorney at their last known address within twenty-four (24) hours of the facsimile transmission; or,
3. By personal service, within or without the state where the pro bono evaluation, mediation or arbitration is to be held, whether the party is within or without the United States of America.

H. Time Limits Triggered Upon Receipt

1. Documents sent by U.S. mail under these rules shall be deemed received three (3) business days after the date of postmark. Documents sent via overnight mail shall be deemed received on the next business day after mailing.
2. Documents sent via facsimile or electronic transmission shall be deemed received on the business day that the transmission is received.

I. Exclusion of Liability

Neither the Private Adjudication Coordinator nor the mediator, nor the arbitrator nor pro bono evaluator shall be liable to any party for any act or omission in connection with any evaluation conducted under these rules.

J. Relationship of Rules to Election Form for Pro Bono Evaluation, Request for Mediation, Non-binding Arbitration Agreement or Binding Arbitration Agreement

These Rules shall be deemed a part of, and incorporated by reference in, every duly executed ADR agreement or arbitration agreement and shall be binding on all parties.

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K. Arbitrator/Pro Bono Evaluator Immunity

Arbitrators, mediators or pro bono evaluators who serve pursuant to these rules shall have the same immunity as judges for their official acts.

L. Jurisdiction

Any dispute under these rules shall be subject to the jurisdiction of the United States Bankruptcy Court for the District of New Jersey.

M. Statement of Confidentiality

1. All ADR and arbitration proceedings and information relating to the proceeding will be confidential. Neither party shall disclose the information obtained during the proceedings, nor the valuation placed on the case by an arbitrator or pro bono evaluator, to anyone or use such information or valuation in any further proceeding except as necessary to maintain the Asbestos PI Trust's obligation to report to the Bankruptcy Court and to provide ongoing evaluation by the Asbestos PI Trust and TAC. Except for documents prepared by a non-party which are introduced as evidence before an arbitrator or pro bono evaluator, any document prepared by another party, attorney or other participant in anticipation of the ADR is privileged and shall not be disclosed to any court or arbitrator/pro bono evaluator or construed for any purpose as an admission against interest.
2. All ADR and arbitration proceedings shall be deemed a settlement conference pursuant to Rule 408 of the Federal Rules of Evidence. Except by agreement of the parties, the parties will not introduce into evidence in any other proceedings the fact that there was an arbitration, the nature or amount of the award, and written submissions may not be used for purposes of showing accord and satisfaction or res judicata. In binding arbitration, the decision of the arbitrator may be admissible in the event the claimant improperly seeks to litigate the claim. The binding arbitration award shall be admissible in support of a motion to enjoin such litigation. No arbitrator or pro bono evaluator will ever be subpoenaed or otherwise required by any party or any third party, to testify or produce records, notes or work product in any future proceedings.

N. Amendments

Except as otherwise ruled by the Bankruptcy Court, these rules, as they may from time to time be amended by the Asbestos PI Trustees, with the consent of the TAC and the Legal Representative, will be binding on all parties in the form in which they are in force on the date the claimant signs the election agreement.

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O. Time Limits

The time limits included in these procedures are to be strictly enforced. Any time limit set forth herein may be extended by agreement of the parties or for cause shown to the neutral party presiding over the particular ADR or arbitration proceeding. Any request for extension, however, shall first be made to the opposing party and then if the parties cannot agree, shall be submitted to the Private Adjudication Coordinator who will request a ruling from the pro bono evaluator, mediator, or arbitrator as the case may be.

Although the deadlines may be extended by agreement or for cause shown, failure to comply with a deadline without obtaining an extension may result in withdrawal of the claim. Promptly after a claimant fails to comply with a specified deadline without obtaining an extension, the Asbestos PI Trust shall send the claimant written notice of the failure to comply. If the claimant does not take any action on the claim, then thirty (30) days thereafter the claim will be deemed withdrawn.

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Attachment 1

KAISER ASBESTOS PI TRUST
ELECTION FORM FOR PRO BONO EVALUATION

I, _____ (“*Claimant*”), Claim No. _____,
hereby elect and agree to:

Non-Binding document evaluation of my claim by an individual selected from
a Panel of Pro Bono Evaluators who volunteered to serve at the request of the
Asbestos PI Trust Advisory Committee.

Unless the box below is initialed, the undersigned waives anonymity of the
claimant in the Pro Bono Evaluation of this claim. The Asbestos PI Trust
encourages leaving this box blank and waiving anonymity so that medical
records may be transmitted in their original form.

Dated: _____.

Claimant or Claimant’s Attorney

Accepted and Consented to:

Kaiser Asbestos PI Trust

By: _____

Title

Dated: _____

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Attachment 2

STATE OF _____)
_____) SS:
COUNTY OF _____)

AFFIDAVIT OF COMPLETENESS

I, _____, as the person [or legal
representative of the person] who has filed a claim against the Kaiser Asbestos PI Trust,
being duly sworn, depose and say:

I have furnished all information which I wish to be considered in the
valuation of claim number _____.

I certify (or declare) under penalty of perjury, that the foregoing is true and
correct.

By _____

Claimant or Legal Representative of Claimant

Date _____

Sworn to before me this _____ day of _____, _____.

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Attachment 3

KAISER ASBESTOS PI TRUST
REQUEST FOR MEDIATION FORM

I, _____ ("*Claimant*"), Claim No. _____,
hereby elect and agree to:

Attempt in good faith to resolve the dispute with the Asbestos PI Trust relating to my claim promptly by confidential Mediation under the terms set forth for Mediation procedure established by the Asbestos PI Trust. I have been provided with a copy of the rules relating to Mediation established by the Asbestos PI Trust. I understand and agree to those rules in the course of the Mediation.

Dated: _____

Claimant or Claimant's Attorney

Accepted and Consented to:

Kaiser Asbestos PI Trust

By: _____

Title

Dated: _____

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Attachment 4

KAISER ASBESTOS PI TRUST
ELECTION FORM AND AGREEMENT FOR
BINDING ARBITRATION

I, _____ (“*Claimant*”), Claim No. _____,
hereby elect and agree to:

Submit all disputes with the Asbestos PI Trust relating to my claim to
Binding Arbitration under the terms set forth for Binding Arbitration
procedure established by the Asbestos PI Trust. I have been provided with a
copy of the rules relating to Binding Arbitration established by the Asbestos
PI Trust. I understand and agree to those rules in the course of the Binding
Arbitration. I understand that as a result of this agreement if accepted by
the Asbestos PI Trust, I will waive my rights to litigate my claim in Court
including the right to trial by jury and I will be bound by the arbitration
award.

Dated: _____.

Claimant

Claimant’s Attorney

Claimant and attorney must both sign

Accepted and Consented to:

By accepting this agreement the Asbestos PI Trust waives its rights to litigate the
claimant’s claim in Court including the right to trial by jury and agrees to be bound by the
arbitration award.

Kaiser Asbestos PI Trust

By: _____

Title

Dated: _____

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Attachment 5

KAISER ASBESTOS PI TRUST
ELECTION FORM AND AGREEMENT FOR
NON-BINDING ARBITRATION

I, _____ ("*Claimant*"), Claim No. _____,
hereby elect and agree to:

Submit all disputes with the Asbestos PI Trust relating to my claim to Non-Binding Arbitration under the terms set forth for Non-Binding Arbitration procedure established by the Asbestos PI Trust. I have been provided with a copy of the rules relating to Non-Binding Arbitration established by the Asbestos PI Trust. I understand and agree to those rules in the course of the Non-Binding Arbitration.

Dated: _____.

Claimant or Claimant's Attorney

Accepted and Consented to:

Kaiser Asbestos PI Trust

By: _____

Title

Dated: _____

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ATTACHMENT "B"

THE KAISER ALUMINUM & CHEMICAL CORPORATION
ASBESTOS PI TRUST

PROOF OF CLAIM FORMS

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KAISER ASBESTOS PI TRUST

UNLIQUIDATED ASBESTOS PI CLAIM FORM

Submit completed claims

Instructions for the Claim Form

Complete this claim form as thoroughly and accurately as possible. Please type or print neatly. Should there be insufficient space to list all relevant information, please attach additional sheets. In addition to filing the forms that follow, please ensure the following are enclosed, if applicable:

- Death Certificate (if applicable)

- Certificate of Official Capacity (if personal representative is filing form)

- Medical records as requested in instructions

- Proof of Kaiser Aluminum & Chemical Corporation ("Kaiser") product exposure as set out in the instructions

- Copy of cover sheet of complaint (if applicable – see Part 8 below)

- Copy of W-2 and first page of IRS Form 1040 (if applicable – see Part 9 below)

Representation

If counsel represents claimant, please print or type the following information:

Attorney Name: _____

Paralegal or Contact Name: _____

Name of Law Firm: _____

Firm Address: _____

Attorney Phone: _____ Fax: _____

Contact Phone: _____ Fax: _____

Attorney's or Law Firm's Tax ID Number _____

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Part 1: Choice of Claim Process

Please choose the applicable claim process (choose only one):

- ☐ **1. Expedited review (not available for Disease Level VI)**
- ☐ **2. Individual Review**
- ☐ **3. Cash Discount Payment (\$200) (Disease Level I Other Asbestos Disease)**

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Part 2: Injured Party Information

Name: _____ **Social Security #:** _____ - _____ - _____

Date of Birth: _____ / _____ / _____

I. Is injured party living? Yes No

II. If injured party is living and not represented by counsel, please complete the following:

Mailing address: _____

Daytime Phone: () - _____

III. If injured party is deceased: (Death certificate must be enclosed)

Date of death: _____ / _____ / _____

Was death asbestos related? Yes No

IV. If injured party has a personal representative other than, or in addition to his/her attorney, please indicate the following information for the representative (Certificate of Official Capacity must be enclosed if applicable)

Name: _____ **Social Security#:** _____ / _____ / _____

Mailing Address: _____

Daytime Phone: () - _____

SPECIMEN**Part 3: Diagnosed Asbestos-Related Injuries**

Place an X next to the highest level (most serious) asbestos-related Disease Level that has been diagnosed for the injured party and for which medical documentation is attached to this claim form. See instructions for listing of the specific medical criteria and records that must be enclosed for each Disease Level. (Check only the most serious.)

<input type="checkbox"/>	<u>Level I. Other Asbestos Disease</u>	<u>Date of Diagnosis</u> / /
<input type="checkbox"/>	<u>Level II. Asbestosis/Pleural Disease</u>	<u>Date of Diagnosis</u> / /
<input type="checkbox"/>	<u>Level III. Asbestosis/Pleural Disease</u>	<u>Date of Diagnosis</u> / /
<input type="checkbox"/>	<u>Level IV. Severe Asbestosis</u>	<u>Date of Diagnosis</u> / /
<input type="checkbox"/>	<u>Level V. Other Cancer:</u>	
	<u>Colo-rectal</u>	<u>Date of Diagnosis</u> / /
	<u>Laryngeal</u>	<u>Date of Diagnosis</u> / /
	<u>Esophageal</u>	<u>Date of Diagnosis</u> / /
	<u>Pharyngeal</u>	<u>Date of Diagnosis</u> / /
	<u>Stomach</u>	<u>Date of Diagnosis</u> / /
<input type="checkbox"/>	<u>Level VI. Lung Cancer 2</u>	<u>Date of Diagnosis</u> / /
<input type="checkbox"/>	<u>Level VII. Lung Cancer 1</u>	<u>Date of Diagnosis</u> / /
<input type="checkbox"/>	<u>Level VIII. Malignant Mesothelioma</u>	<u>Date of Diagnosis</u> / /

The claims must meet the relevant medical criteria and be supported by appropriate medical documentation as delineated in the Kaiser Asbestos Distribution Procedures (the "TDP"). The medical/exposure criteria for the eight Disease Levels set forth above are attached to this Claim Form.

SPECIMEN**Part 4: Dependents and Beneficiaries**

List any other persons represented by counsel for claimant who may have rights associated with this claim. Be sure to include the injured party's spouse, any dependents who derive (or who did derive at the time of the injured person's death) at least one-half of their financial support from the injured party.

Also list beneficiaries represented by counsel for claimant who are entitled to pursue an action for wrongful death under applicable state law.

If more than four, please photocopy this page, and insert after current page.

Name: _____		Date of Birth: ____ / ____ / ____	
Relationship:	<input type="checkbox"/> Spouse	Financially Dependent?	Yes /
		No	
	<input type="checkbox"/> Child		(Circle One)
	<input type="checkbox"/> Other: _____		

Name: _____		Date of Birth: ____ / ____ / ____	
Relationship:	<input type="checkbox"/> Spouse	Financially Dependent?	Yes /
		No	
	<input type="checkbox"/> Child		(Circle One)
	<input type="checkbox"/> Other: _____		

Name: _____		Date of Birth: ____ / ____ / ____	
Relationship:	<input type="checkbox"/> Spouse	Financially Dependent?	Yes /
		No	
	<input type="checkbox"/> Child		(Circle One)
	<input type="checkbox"/> Other: _____		
Name: _____		Date of Birth: ____ / ____ / ____	
Relationship:	<input type="checkbox"/> Spouse	Financially Dependent?	Yes /
		No	
	<input type="checkbox"/> Child		(Circle One)
	<input type="checkbox"/> Other: _____		

SPECIMENPart 5: Exposure to asbestos-containing products for which Kaiser Aluminum & Chemical Corporation is legally liable ("Kaiser Exposure"), Significant Occupational Exposure, and/or 5-Year Cumulative Occupational Exposure

Proof of Kaiser product exposure must be enclosed as required by TDP Section 5.7(b). (See instructions)

Please photocopy this page and list separately each site, industry or occupation upon which claimant relies to establish:

A. Kaiser Exposure:

1. Name of Plant/Site of Exposure:

City: State

2. Month/Year Exposure Began: / Month/Year Exposure Ended: /

3. Occupation at time of Exposure (e.g., Laborer, etc.)

4. Industry in which exposure occurred: (Industry codes listed below.) If code is 37 (other), specify the other industry:

Industry Codes

<u>10. Asbestos mining</u>	<u>24. Petrochemical</u>
<u>11. Aerospace/aviation</u>	<u>25. Insulation</u>
<u>12. Asbestos abatement</u>	<u>27. Railroad</u>
<u>13. Automobile/mechanical friction</u>	<u>30. Shipyard-construction/repair</u>
<u>16. Chemical</u>	<u>31. Textile</u>
<u>17. Construction trades</u>	<u>32. Tire/rubber</u>
<u>18. Iron/steel</u>	<u>33. Utilities</u>
<u>19. Longshore</u>	<u>34. Asbestos products manufacturing</u>
<u>20. Maritime</u>	<u>36. Building occupant/bystander</u>
<u>21. Military</u>	<u>37. Other</u>
<u>23. Non-asbestos products manufacturing</u>	

SPECIMEN5. Indicate circumstances of exposure (check all that apply):

a. Claimant handled raw asbestos fibers on a regular basis; _____ or _____

b. Claimant fabricated asbestos-containing products such that the claimant in the fabrication process was exposed on a _____ regular basis to raw asbestos fibers; or _____

c. Claimant altered, repaired or otherwise worked with an _____ asbestos-containing product such that the claimant was exposed on _____ a regular basis to raw asbestos fibers; or _____

d. Claimant was employed in an industry or occupation such that the claimant worked on a regular basis in close proximity to workers who did one or more of the above three activities.

e. Other circumstances of Injured Party's Kaiser Exposure: _____

=

B. Significant Occupational Exposure and/or 5-Year Cumulative Occupational Exposure:

Does the Kaiser exposure described above satisfy the Significant Occupational Exposure and/or the 5-year cumulative occupational exposure requirements contained in TDP Section 5.7(b)?

Yes _____ No _____

If Yes, there is no need to complete this section unless claimant wishes to submit such evidence for Individual Evaluation. If No, give the following information for each job site claimant is relying upon to establish the Significant Occupational Exposure or 5-year cumulative occupational exposure requirements in the TDP (Please photocopy and use separate page for each job site):

1. Job Site _____ City/State _____ Years of Exposure _____

2. Occupation at time of exposure: _____

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3. Industry (Industry Codes listed above). If code is 37 (other),
specific the other industry:

4. Indicate circumstances of exposure (check all that apply):

a. Claimant handled raw asbestos fibers on a regular
basis; _____ or

b. Claimant fabricated asbestos-containing products such
that the claimant in the fabrication process was exposed
on a _____ regular basis to raw asbestos fibers; or

c. Claimant altered, repaired or otherwise worked with
an _____ asbestos-containing product such that the claimant was
exposed on _____ a regular basis to raw asbestos fibers; or

d. Claimant was employed in an industry or occupation
such _____ that the claimant worked on a regular basis in close proximity
to _____ workers who did one or more of the above three
activities.

e. Other circumstances of Injured Party's Exposure

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Part 6: Secondary or Household Exposure to an Occupationally Exposed Person

Is the claimant alleging an asbestos-related disease resulting in whole or in part from another person's occupational exposure, such as a family member (spouse, father, sister, etc.)?

Yes _____ No _____ If yes, Part 5 must also be completed for each occupationally exposed person.

Date Exposure to other person began: Month _____ Year _____

Date Exposure to other person Ended: Month _____ Year _____

Relationship to occupationally exposed individual:

I am his/her _____
(brother, son, spouse, etc.)

Describe how injured party was exposed to the Kaiser product:

Reminder: Part 5 must be completed for the occupationally exposed person.

SPECIMENPart 7: Smoking History

NOTE: This information is relevant only to claims involving Disease Level VII, Lung Cancer 1, for which the claimant elects Individual Review, or to claims involving Disease Level VI, Lung Cancer 2, for which Individual Review is required. Thus, this section does not need to be completed if your claim is for Disease Levels I through V, Disease Level VII (Expedited Review), or Disease Level VIII.

For each item, indicate whether injured party has smoked or used the given product. If cigarettes were smoked, indicate the dates they were used, and the amount per day. Indicate fractional packs as appropriate, e.g. three and one-half packs would be entered as 3.5.

Has the injured party ever:

Smoked Cigarettes? Yes No

From / To: / Packs per day: .

From / To: / Packs per day: .

From / To: / Packs per day: .

Has the injured party ever:

Smoked Cigars? Yes No

From / To: /

From / To: /

From / To: /

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Part 8: Prior Asbestos Litigation (Optional)

The Trust will process claims on a First In, First Out ("FIFO") basis as specified in section 5.1(a) of the TDP. Responses to this Part 8 are optional at this time, but completing this Part 8 may reduce claim processing time.

Has a lawsuit ever been filed on behalf of the injured party? Yes _____ No _____

Two-letter abbreviation of the state in which the suit was originally filed

Name of court in which suit was originally filed:

Date on which the suit was originally filed:

Has injured party received settlement money from Kaiser Aluminum & Chemical Corporation? Yes _____ No _____

What is the current status of this suit? ☐ Pending ☐ Judgment
☐ Dismissed ☐ Settled

Please attach a photocopy of the cover sheet of the filed complaint.

SPECIMEN**Part 9: Economic Losses**

Note: This section is optional and only needs to be completed if you wish this information considered in connection with a claim to be processed by Individual Review.

Economic Losses include lost wages, loss of earning capacity, loss of household services, loss of pension and social security benefits and medical expenses directly attributable to the claimed asbestos-related disease. Documentation to support the claimed losses must include 3rd party evidence of death or a disability directly related to an asbestos-related disease and an analysis and documentation of the resulting Economic Losses.

Current Employment Status:

_____ ☐ **Full-time, outside the home**

_____ ☐ **Full-time, within the home**

_____ ☐ **Part-time, outside the home**

_____ ☐ **Part-time, within the home**

_____ ☐ **Retired**

_____ ☐ **Disabled**

Amount of last annual wages: \$ _____, _____.

Date of last wage received: _____ / _____
(Month) (Year)

(Enter current month and year if currently earning work-related compensation)

Total amount of economic losses claimed: _____

W-2 and first page of Form 1040 for last year of full employment must be enclosed if lost wages are being claimed.

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Part 10: Signature Page

All claims must be signed by either the Injured Party or the person filing on his/her behalf (such as the Official Representative or Attorney.)

a. Injured Party or Official Representative Signature

I have reviewed the information submitted on this claim form and all documents submitted in support of this claim. To the best of my knowledge under penalty of perjury, the information submitted is accurate and complete.

Signature of Injured Party Printed Name

or

Signature of Official Representative Printed Name

b. Attorney Signature

This Part 10.b must be completed if Part 10.a above is not completed.

The undersigned hereby certifies that the information and materials with respect to this claim are being submitted pursuant to and subject to the provisions of Rule 11 of the Federal Rules of Civil Procedure.

Executed on the _____ day of _____, 20____.

Signature of Attorney Printed Name

Please review your submission to ensure it is complete.

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- ☐ Death Certificate (if applicable)
- ☐ Certificate of Official Capacity (if personal representative is filing form and certificate is issued by the applicable local jurisdiction)
- ☐ Medical Records as required by the TDP and as requested in the instructions.
- ☐ Proof of Kaiser Exposure, Significant Occupational Exposure and/or 5-Year cumulative occupational exposure as required in the TDP and requested in the instructions.
- ☐ Cover sheet of filed complaint (if Part 8 is applicable).
- ☐ W-2 and first page of IRS form 1040 (if Part 9 is applicable).

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KAISER ALUMINUM & CHEMICAL CORPORATION

ASBESTOS TDP PRESUMPTIVE MEDICAL/EXPOSURE CRITERIA

Mesothelioma (Level VIII) (1) Diagnosis¹ of mesothelioma; and (2) credible evidence of Kaiser Exposure (as defined in Section 5.7(b)(3) below).

Lung Cancer 1 (Level VII) (1) Diagnosis of a primary lung cancer plus evidence of an underlying Bilateral Asbestos-Related Nonmalignant Disease², (2) six months Kaiser Exposure prior to December 31, 1982, (3) Significant Occupational Exposure to asbestos (as defined in Section 5.7(b)(2) below), and (4) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the lung cancer in question.

Lung Cancer 2 (Level VI) (1) Diagnosis of a primary lung cancer; (2) Kaiser Exposure prior to December 31, 1982, and (3) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the lung cancer in question.

Lung Cancer 2 (Level VI) claims are claims that do not meet the more stringent medical and/or exposure requirements of Lung Cancer (Level VII) claims. All claims in this Disease Level will be individually evaluated.

¹ The requirements for a diagnosis of an asbestos-related disease that may be compensated under the provisions of this TDP are set forth in Section 5.7 below.

² Evidence of "Bilateral Asbestos-Related Nonmalignant Disease" for purposes of meeting the criteria for establishing Disease Levels I, II, III, V, and VII, means a report submitted by a qualified physician stating that the claimant has or had either (i) a chest X-ray read by a qualified B reader of 1/0 or higher on the ILO scale or, (ii) (x) a chest X-ray read by a qualified B reader, (y) a CT scan read by a qualified physician, or (z) pathology, in each case showing bilateral interstitial fibrosis, bilateral pleural plaques, bilateral pleural thickening, or bilateral pleural calcification. Solely for claims filed against KAISER or another asbestos defendant in the tort system prior to the Petition Date, if an ILO reading is not available, either (i) a chest x-ray or a CT scan read by a qualified physician, or (ii) pathology showing bilateral interstitial fibrosis, bilateral pleural plaques, bilateral pleural thickening, or bilateral pleural calcification consistent with, or compatible with, a diagnosis of asbestos-related disease shall be evidence of Bilateral Asbestos-Related Nonmalignant Disease for purposes of meeting the presumptive medical requirements of Disease Level I, II, III, V and VII. Pathological proof of asbestosis may be based on the pathological grading system for asbestosis described in the Special Issue of the Archives of Pathology and Laboratory Medicine, "Asbestos-associated Diseases," Vol. 106, No. 11, App. 3 (October 8, 1982).

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Level VI claims that show no evidence of either an underlying Bilateral Asbestos-Related Non-malignant Disease or Significant Occupational Exposure may be individually evaluated, although it is not expected that such claims will be treated as having any significant value, especially if the claimant is also a Smoker.³ In any event, no presumption of validity will be available for any claims in this category.

Other Cancer (Level V)

(1) Diagnosis of a primary colo-rectal, laryngeal, esophageal, pharyngeal, or stomach cancer, plus evidence of an underlying Bilateral Asbestos-Related Nonmalignant Disease, (2) six months Kaiser Exposure prior to December 31, 1982, (3) Significant Occupational Exposure to asbestos, and (4) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the other cancer in question.

Severe Asbestosis (Level IV)

(1) Diagnosis of asbestosis with ILO of 2/1 or greater, or asbestosis determined by pathological evidence of asbestos, plus (a) TLC less than 65%, or (b) FVC less than 65% and FEV1/FVC ratio greater than 65%, (2) six months Kaiser Exposure prior to December 31, 1982, (3) Significant Occupational Exposure to asbestos, and (4) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the pulmonary disease in question.

Asbestosis/

Pleural Disease (Level III)

Diagnosis of a Bilateral Asbestos-Related Nonmalignant Disease, plus (a) TLC less than 80%, or (b) FVC less than 80% and FEV1/FVC ratio greater than or equal to 65%, and (2) six months Kaiser Exposure prior to December 31, 1982, (3) Significant Occupational Exposure to asbestos, and (4) supporting medical

³ There is no distinction between Non-Smokers and Smokers for either Lung Cancer (Level VII) or Lung Cancer (Level VI), although a claimant who meets the more stringent requirements of Lung Cancer (Level VII) (evidence of an underlying Bilateral Asbestos-Related Nonmalignant Disease plus Significant Occupational Exposure), and who is also a Non-Smoker, may wish to have his or her claim individually evaluated by the PI Trust. "Non-Smoker" means a claimant who either (a) never smoked or (b) has not smoked during any portion of the twelve (12) years immediately prior to the diagnosis of the lung cancer.

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documentation establishing asbestos exposure as a contributing factor in causing the pulmonary disease in question.

Asbestosis/

Pleural Disease (Level II)

(1) Diagnosis of a Bilateral Asbestos-Related Nonmalignant Disease, and (2) six months Kaiser Exposure prior to December 31, 1982, and (3) five years cumulative occupational exposure to asbestos.

Other Asbestos Disease (Level I -

Cash Discount Payment)

(1) Diagnosis of a Bilateral Asbestos- Related Nonmalignant Disease or an asbestos-related malignancy other than mesothelioma, and (2) Kaiser Exposure prior to December 31, 1982.

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KAISER ASBESTOS PI TRUST

PRE-PETITION LIQUIDATED CLAIM FORM

Submit completed claims

Instructions for the Claim Form

Complete this claim form as thoroughly and accurately as possible. Please type or print neatly. Should there be insufficient space to list all relevant information, please attach additional sheets. In addition to filing the forms that follow, please ensure the following are enclosed, if applicable:

- Death Certificate (if applicable)

- Certificate of Official Capacity (if personal representative is filing form)

- Documentary evidence of the Pre-Petition Liquidated Claim

Representation

If counsel represents claimant, please print or type the following information:

Attorney Name:

Paralegal or Contact Name:

Name of Law Firm:

Firm Address:

Attorney Phone:

Fax:

Contact Phone:

Fax:

Attorney's or Law Firm's Tax ID Number

SPECIMEN

Part 1: Injured Party Information

Name: _____ **Social Security #:** _____ - _____ - _____

Date of Birth: _____ / _____ / _____

I. Is injured party living? Yes No

II. If injured party is living and not represented by counsel, please complete the following:

Mailing address: _____

Daytime Phone: () _____ - _____

III. If injured party is deceased: (Death certificate must be enclosed)

Date of death: _____ / _____ / _____

Was death asbestos related? Yes No

IV. If injured party has personal representative other than, or in addition to his/her attorney, please indicate the following information for the representative (Certificate of Official Capacity must be enclosed)

Name: _____ **Social Security#:** _____ / _____ / _____

Mailing Address: _____

Daytime Phone: () _____ - _____

Relationship to injured Party: I am party's: _____

(spouse, child, other)

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Part 2: Claim Information

- 1. What was the Pre-Petition Liquidated Value? \$**
- 2. What was the date of the Pre-Petition Liquidated Claim (date of the settlement, verdict or judgment)? / /**
- 3. What proof is being submitted that documents your Pre-Petition Liquidated Claim?**

Mark an X where appropriate

- ☐ **Binding agreement entered into prior to the Petition Date for the particular claim that is judicially enforceable by the claimant**
- ☐ **Jury verdict or non-final judgment in the tort system obtained prior to the Petition Date**
- ☐ **Judgment that became final and non-appealable prior to the Petition Date**
- ☐ **If you believe you have other evidence of a pre-petition liquidated settlement, please describe the type of document being submitted:**

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Part 3: Signature Page

All claims must be signed by either the Injured Party or the person filing on his/her behalf (such as the Official Representative or Attorney.)

a. Injured Party or Official Representative Signature

I have reviewed the information submitted on this claim form and all documents submitted in support of this claim. To the best of my knowledge under penalty of perjury, the information submitted is accurate and complete.

Signature of Injured Party Printed Name

or

Signature of Official Representative Printed Name

b. Attorney Signature

This Part 10.b must be completed if Part 10.a above is not completed.

The undersigned hereby certifies that the information and materials with respect to this claim are being submitted pursuant to and subject to the provisions of Rule 11 of the Federal Rules of Civil Procedure.

Executed on the _____ day of _____, 20____.

Signature of Attorney Printed Name

Please review your submission to ensure it is complete.



SPECIMEN

Death Certificate (if applicable)

☐ Certificate of Official Capacity (if personal representative is filing form and certificate is issued by the applicable local jurisdiction)

☐ Documentary evidence of the Pre-Petition Liquidated Claim